

**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

SPO Price List Contract No. 18-12
Effective: August 15, 2018

SAFETY WORK SHOES- STATEWIDE

(IFB-18-006-SW)

August 15, 2018 to August 14, 2019

PARTICIPATING JURISDICTIONS listed below have signed a cooperative agreement and/or a memorandum of agreement with the SPO and are authorized to utilize this price list contract.

Executive Departments/Agencies
(Excludes HHSC and OHA)
Department of Education
University of Hawaii
Judiciary

The participating jurisdictions are not required, but may purchase from this price list contract, and requests for exception from the contract are not required. Participating jurisdictions are allowed to purchase from other contractors, however, HRS chapter 103D and the procurement rules apply to purchases using the applicable procurement method and its procedures, such as small purchases or competitive sealed bidding. The decision to use this contract or to solicit pricing from other sources will be at the discretion of the participating jurisdiction.

POINTS OF CONTACT.

Executive Departments/Agencies (Excludes HHSC and OHA): Questions regarding safety work shoes shall be directed to Lily Chu, DHRD/Safety Office at (808) 587-1066 or lily.b.chu@hawaii.gov.

Department of Education: Questions regarding safety work shoes shall be directed to Mark Behrens at (808) 586-3457 or mark_behrens@notes.k12.hi.us.

University of Hawaii: Questions regarding safety work shoes shall be directed to Sarah Hiramami at (808) 956-8470 or srh@hawaii.edu.

Judiciary: Questions regarding safety work shoes shall be directed to Leighton Oshiro at (808) 539-4797, or leighton.s.oshiro@courts.hawaii.gov.

Procurement questions or concerns may be directed as follows:

Jurisdiction	Name	Telephone	Fax	E-mail
Executive	Stanton Mato	586-0566	586-0570	stanton.d.mato@hawaii.gov
DOE	Procurement Staff	675-0130	675-0133	doeprocure@notes.k12.hi.us
UH	Matthew Chow Karlee Hisashima	956-2765 956-8687	956-2096 956-2093	chowmatt@hawaii.edu karlee@hawaii.edu
Judiciary	Tritia Cruz	538-5805	538-5802	tritia.l.cruz@courts.hawaii.gov

SAFETY WORK SHOES

CONTRACTORS.

VENDOR: RED WING SHOE STORE

Red Wing Shoe Store
98-1277 Kaahumanu Street #131
Aiea, HI 96701
Phone: (808) 486-3292
Fax: (808) 486-2487
Email: redwinghawaii@gmail.com

1130 N. Nimitz Highway, Suite A-122
Honolulu, HI 96817
Phone: (808) 533-3292 / Fax: (808) 533-2487

[Men-Women Shoe Price Red Wing Kauai](#)
[Men-Women Shoe Price Red Wing Hilo-Kona](#)
[Men-Women Shoe Price Red Wing Maui](#)
[Men-Women Shoe Price Red Wing Oahu](#)

PAYMENT FOR BOTH LOCATIONS:

Red Wing Shoe Company, Inc.
PO Box 844329
Dallas, TX 75284-4329
Vendor Code: 346274-00
Contact Person: Eleanor Sholtis, Store Manager

VENDOR: CROMWELL SHOES

Cromwell Shoes
98-1005 Moanalua Rd Suite 807
Aiea, HI 96701

Contact Person: Anne Matute, Owner
Phone: (808) 256-4019
Email: cromwellhonolulu@gmail.com

[Women Shoe Price Cromwell Oahu](#)

PAYMENT:

Cromwell Shoes
98-1005 Moanalua Rd Suite 807
Honolulu, HI 96701
Vendor Code: 348744-00

VENDOR: WORK SHOE HAWAII

Work Shoe Hawaii Inc.
401 Waiakamilo Rd. Suite 102
Honolulu, HI 96817

Contact Person: David Lee, Owner
Phone: (808) 945-9675
Email: workshoehi@gmail.com

[Men-Women Shoe Price Work Shoe Hawaii Oahu](#)

PAYMENT:

Work Shoe Hawaii, Inc.
401 Waiakamilo Rd. Suite 102
Honolulu, HI 96817
Vendor Code: 331941-00

VENDOR: SPORTS LINE

Sports Line
417 Kalanikoa St.
Hilo, HI 96720

Contact Person: Stanley Costales Jr.
Phone: (808) 969-3633 Fax: (808) 935-2174
Email: info@sportslinehawaii.com

[Men Shoe Price SportsLine Kona-Hilo](#)
[Women Shoe Price SportsLine Kona-Hilo](#)

PAYMENT:

Sports Line
417 Kalanikoa St.
Hilo, HI 96720
Vendor Code: 250248-00

SAFETY WORK SHOES

SPO PL Contract No. 18-12
8/15/2018 – 8/14/2019

FITTING AND DELIVERY. If Contractor is located on the same island as the ordering agency, the ordering agency shall have the option of having the products available for pick up on a will call basis or, for orders totaling \$100 or more (excluding the GET), having the products delivered to their location. It shall be the responsibility of the Contractor to ensure that all fittings are proper and satisfactory to the employee(s) using the protective footwear.

Measurement, fitting, and pickup of safety shoes shall be made by the employee at the Contractor's store location. If the Contractor does not have a shoe size available listed in the price list for immediate pickup, the Contractor shall ensure availability within thirty (30) calendar days for immediate pickup or offer an alternate shoe (approved by the employee's Departmental Human Resource Officer or authorized representative) at the same contract shoe price.

If Contractor is not located on the same island as the ordering agency, Contractor shall coordinate the delivery of the order to ensure that the ordering agency receives their order within the times specified herein.

When located on the same island, deliveries by the Contractor shall be made within seven (7) business days after receipt of the order. Will call orders shall be ready for pick up within three (3) business days, or at the option of the Contractor, delivery may be made according to their delivery schedule.

When located on different islands, deliveries by the Contractor shall be made within twelve (12) business days after receipt of the order.

Any products, damaged, defective or spoiled, will not be accepted by the ordering agencies and the Contractor shall be responsible for replacing them.

Prior to shipment, the Contractor shall contact the appropriate agency to coordinate the delivery arrangements.

Contractor shall be required to deliver all items outstanding at the end of the contract period on orders received during the term of the contract.

SUBSTITUTES. In the event that a contract item is discontinued by the manufacturer, Contractor shall submit to the Contract Administrator within twenty (20) business days of receiving notification of discontinuation a written offer of substitution. Substitutes shall have all or more features of the outgoing product at the same price or lower price.

VENDOR CODES for annotation on purchase orders are obtainable from the *Alphabetical Vendor Edit Table* available at your department's fiscal office. Agencies are cautioned that the remittance address on an invoice may be different from the address of the vendor code annotated on the purchase order.

COMPLIANCE PURSUANT TO HRS §103D-310(c). Prior to awarding this contract, the SPO verified compliance of the Contractor(s) named in the SPO Price List Contract No. 18-12. *No further compliance verification is required prior to issuing a contract, purchase order, or pCard payment when utilizing this contract.*

GENERAL EXCISE TAX: The Contractor may assess the General Excise Tax (GET) as a separate line item on the invoice for sales on the island of:

Oahu: Not to exceed 4.5%

Kauai, Maui, Molokai, Lanai, Hawaii: Not to Exceed 4.0%

PURCHASING CARD (pCard). The State of Hawaii Purchasing Card (pCard) is required to be used by the Executive departments/agencies, excluding DOE, OHA, HHSC and UH, for orders totaling less than \$2,500. For purchases \$2,500 or more, agencies may use the pCard, subject to its credit limit, or issue a purchase order.

PURCHASE ORDERS may be issued for purchases \$2,500 or more; and for vendors who either do not accept the pCard, set minimum order requirements before accepting the pCard for payment, or charge its customers a transaction fee for the usage.

SPO PL Contract No. 18-12 shall be typed on purchase orders issued against this price list contract. For pCard purchases, the SPO PL Contract No. 18-12 shall be notated on the appropriate transaction document.

PAYMENTS are to be made to the remittance address of the Contractor(s). HRS §103-10, HRS, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment.

VENDOR AND PRODUCT EVALUATION. Form SPO-012, Evaluation: Vendor or Product, for the purpose of addressing concerns on this price list contract, is available to agencies at the SPO website: <http://spo.hawaii.gov>. Click on *Forms* on the home page.

PRICE OR VENDOR LIST CONTRACT AVAILABLE ON THE INTERNET at the SPO website: <http://spo.hawaii.gov>. Click on *Price & Vendor List Contracts* on the home page.

STATE OF HAWAII EXECUTIVE BRANCH
(Excludes DOE, HHSC, OHA, and UH)
SAFETY SHOES PURCHASE GUIDELINES AND INSTRUCTIONS
FOR PRICE LIST CONTRACT NO. 18-12:

GENERAL GUIDELINE INFORMATION:

This price list is to provide employees with safety toe shoes as identified by the employers' hazard assessment for foot protection. Approved safety toe shoes will be furnished to employees who are required to wear safety toe shoes thereby eliminating or reducing the severity of workplace foot injuries in accordance with Federal, State, or Local safety laws, rules, and regulations.

General requirements: The employer must assess the workplace to determine if hazards are present or are likely to be present which necessitate the use of personal protective equipment (PPE). As applicable, the employer selects, and requires the employee to use, the type of PPE that protects against the identified hazards. The hazard assessment for foot protection must be certified utilizing [Attachment A, Hazard Assessment Certification for Foot Protection](#).

Foot and leg protection: Foot and leg protection includes protection from falling or rolling objects, sharp objects, molten metal, hot surfaces, and wet slippery surfaces. (Aluminum alloy, fiberglass, or galvanized steel foot guards can be worn over usual work shoes.) Metal insole puncture protection, metatarsal shoes, electrical protection are other protective requirements. Leggings protect the lower leg and feet from molten metal or welding sparks.

Shoe manufacturing standards: The criteria for protective footwear must comply with any of the following consensus standards: ASTM F2412-2005, "Standard Test Methods for Foot Protection", and ASTM F2413-2005, "Standard Specification for Performance Requirements for Protective Footwear", ANSI Z41-1999, "American National Standard for Personal Protection - Protective Footwear", or ANSI Z41-1991, "American National Standard for Personal Protection - Protective Footwear," as referenced in 29 CFR 1910.136(b).

RESPONSIBILITIES:

Department of Accounting and General Services' State Procurement Office (SPO): SPO oversees the application of the program with respect to purchasing rules and disavows payment of purchases not complying with the contract award terms of this price list contract.

Departments and Agencies of the Executive Branch: All departments and agencies of the Executive Branch ("Departments") that provide foot protection shall comply with hazard assessment, purchasing, and training requirements of the program. Departments are also tasked to provide applicable reports and data

as may be required to provide a base for improving the program and for determining fiscal guidelines for continuous program improvement for state purchases of protective footwear. Department work unit responsibilities include:

Manager: The manager determines the appropriateness of foot protection through hazard assessments, informs the employee of foot hazards on the job and the requirement to wear foot protection, instructs employees on how safety shoes are obtained under the program, checks purchases to ensure that the shoes meet specifications (authorization), and trains employees on OSH PPE and program requirements.

Employee: The employee shall wear foot protection when the employer determines foot protection is required and provides for the purchase of such protection. The employee selects foot protection of the proper type (as indicated on the [Safety Footwear Purchase Authorization form – Attachment B](#)) and fit as listed on the price list. The employee is responsible for informing the manager when his/her safety shoes are worn, defective or damaged, and require replacement.

Department Human Resources Officer or designee: When an employee has a medically certified condition requiring a deviation from the price list, the Department Human Resources Officer (“HRO”) or their designee shall provide the employee with a [Physician’s Certification Form \(Attachment C\)](#) for safety toe shoes. The employee’s physician must specify the reason for the deviation from the safety shoe price list contract and provide details of what shoe features the employee would need to obtain the required foot protection (e.g. overshoes, metatarsal guards, safety toe shoes with wider toe box, padded toe collar, etc.).

Department of Human Resources Development (DHRD): DHRD coordinates the statewide implementation of the program for Departments, initiates changes as appropriate, and coordinates program provisions with applicable employee organizations. DHRD will also coordinate with SPO to address questions from contract vendors and provide training to Department managers, supervisors, and staff personnel on program requirements, implementation, purchasing procedures, and employee training requirements.

Contract Vendors: Safety shoes can only be purchased from vendors listed on the price list contract. Contract vendors must:

1. Assist Department employees in obtaining the proper type of shoes.
2. Ensure that the shoes the Department employee selects fits properly.
3. Contact the employer when an employee with medical or physical anomalies is unable to obtain the required foot protection from the price list contract.

REQUIREMENTS:

1. When a requirement for foot protection is determined, proper foot protection shall be provided by the employer and shall be worn by the employee.
2. Safety footwear shall be replaced or repaired by the employer if it is damaged while being worn and in the performance of the employee's work in accordance with the employee's respective applicable bargaining unit contract provisions, and if there is no such provision in the contract, then the employer shall determine when appropriate.
3. Safety footwear shall be replaced at the expense of the employee if it is lost, stolen, or damaged while not being worn or not in the performance of state work (see applicable collective bargaining provisions).
4. When an employee transfers, terminates, or retires, the employee shall return to the employer, any special outer attachments that may have been issued, such as spats, instep guards, etc.
5. Employees shall give reasonable notice to their employer when requesting a replacement safety footwear to allow for purchasing, delivery, or pick up.
6. Replaced safety-toe footwear shall become the property of the employee and shall not be worn at work provided that the employer shall have the option to place on it a distinctive mark.
7. An employee may upgrade or deviate from standard safety footwear (with a safety shoe that meets or exceeds the standard safety footwear specifications) with the written approval of the employer's division head, safety officer, or designee, and the employee shall be responsible for the price difference between the standard shoe and the upgraded shoe. The employee is responsible to pay for the entire cost of the upgraded or deviated safety footwear and seek reimbursement of the authorized portion. (See Parts 2 and 3 of the [Safety Footwear Purchase Authorization Form-Attachment B](#)).
8. An upgrade or deviation from the standard safety footwear that is medically necessitated must be certified by the employee's physician. The executed [Physician's Certification Form \(Attachment C\)](#) shall contain information justifying the upgrade or deviation and be submitted for review and approval by the employer's human resources officer or designee. Upon approval of medically necessitated deviations, the cost of the upgrade or deviation shall be borne by the employer (see Part 4 of the [Safety Footwear Purchase Authorization Form-Attachment B](#)).

NOTE:

- a. Medical waivers for safety footwear are not acceptable except for temporary conditions as certified by the employee's physician.
- b. Medical information is confidential and shall be transmitted on a need to know basis only. Medical information shall be maintained in a separate confidential file.

STATE OF HAWAII EXECUTIVE BRANCH
(Excludes DOE, HHSC, OHA, and UH)

INSTRUCTIONS TO PURCHASE SAFETY TOE SHOES

The requirement to provide safety footwear is an ongoing process of evaluating and identifying workplace hazards and the means to eliminate or mitigate them to prevent or reduce the severity of injuries. The evaluation becomes more critical as functions change, technology enhancements invoke different work requirements or procedures, or there is an increase in the occurrence of foot injuries. A hazard assessment is mandated under OSHA standards.

HAZARD ASSESSMENT:

The assessment must include the tasks and hazards relating to the task to ensure that the correct type of foot protection is provided. Hazard assessments should be an on-going process to eliminate or mitigate identified hazards in the workplace. The foot protection purchasing guidelines (i.e. hazard assessment requirement, purchasing authorization, vendor selection, etc.) commences when the need for foot protection becomes apparent such as replacing worn foot protection, new machines or process, changes in the workplace or assignment that require a specific type of foot protection.

To comply with OSHA standards, a written certification of hazard assessment must be completed whenever personnel protective equipment is provided. The certification of hazard assessment must contain at a minimum:

1. Location of the workplace evaluated
2. Details of the hazards assessed
3. The person certifying the assessment
4. Dates of hazard assessment

For Departments and Agencies of the Executive Branch, a copy of the completed certification of hazard assessment must be provided to your Departmental Human Resources Officer and the DHRD Safety Office upon completion. The certification is not required to be performed by an independent third party or consultant unless there is a dispute on the type of foot protection the employer selects. The person or persons making the hazard assessment must be knowledgeable and competent to perform the task. The [Hazard Assessment Certification for Foot Protection form and instructions on how to complete the form are attached as Attachment A](#). After the hazard assessment is completed, the supervisor/manager completes the [Safety Footwear Purchase Authorization form \(Attachment B\)](#).

AUTHORIZATION TO PURCHASE:

After completion of the [Hazard Assessment Certification for Foot Protection form \(Attachment A\)](#), the following is the process to complete the authorization to purchase:

1. The manager or supervisor completing the hazard assessment transfers the appropriate data from the [Hazard Assessment Certification For Foot Protection form \(Attachment A\)](#) to the [Safety Footwear Purchase Authorization form \(Attachment B\)](#) by completing:
 - a. Part 1 – Identifying information for employee purchasing safety toe shoes.
 - b. Part 2 – Identifying the type of foot protection required of the position (refer to web link: www.safetyshoes.hawaii.gov for shoe vendors and styles).
 - i. If more than one shoe style meets the hazard assessment requirements, list shoe options 1, 2, 3, or more if applicable.
 - c. Routes Safety Footwear Purchase Authorization Form for completion of Part 5.
 - d. Gives employee a copy of the completed Safety Footwear Purchase Authorization form and instructs employee to go to the vendor to purchase shoes identified in Part 2 of the form.
2. If the employee elects to deviate from the price list, the employee must complete Part 3 of the form.
 - a. Employee must purchase the upgraded or deviated shoes from the vendor identified in Part 2 of the form.
 - b. Employee shall be responsible for the entire cost of the upgraded or deviated shoes.
 - c. Employee shall request reimbursement of the authorized price list shoe amount.
3. If an employee has a medically certified condition, the manager or supervisor shall complete Part 1 and Part 2 of the Safety Footwear Purchase Authorization Form and give employee a copy to take to their Human Resources Officer or designee to obtain a [Physician's Certification Form for Safety Toe Shoes \(Attachment C\)](#).
 - a. The employee submits completed Physician's Certification Form to their Human Resources Officer "HRO") or designee.
 - b. HRO or designee reviews Physician's Certification Form. If request for deviation from the safety toe shoe price list is approved, HRO shall complete Part 4 of the Safety Footwear Purchase Authorization form, route to appropriate offices for completion of Part 5 and directs employee to purchase identified personal protective footwear.
 - c. If request for deviation from the safety toe shoe price list is denied, HRO or designee provides instructions to the employee.
4. All employers are encouraged to utilize the P-card to purchase safety shoes.

STATE OF HAWAII- EXECUTIVE BRANCH
(Excluding DOE, HHSC, OHA, and UH)
HAZARD ASSESSMENT CERTIFICATION FOR FOOT PROTECTION

Department: _____ Job Title of Employee: _____

Division/Branch: _____ Position Number: _____

Baseyard: _____ Evaluated By (Print Name:): _____

Work Unit: _____ Position: _____ Phone: _____

Position Location (island, city): _____ Duties: ☐ Mostly outdoors; ☐ Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection

Hazard Assessment: Type of foot protection required for tasks shown above:

Base: ☐ Impact/compression Additional: ☐ Low cut ☐ High cut - height: 6" ____; 8" ____; Other: _____

☐ Metatarsal ☐ Slip resistant

☐ Electrical ☐ Water resistant

☐ Sole Protection ☐ Heat resistant (soles)

☐ Water resistant boots ☐ Chemical resistant

☐ Other _____ ☐ Fire resistant (welding)

☐ Other _____

Person certifying assessment: _____ Signature _____ Date _____

Print Name (if different from above)

Copy to: **DHRD Safety Office**
Departmental Human Resources Officer

Hazard Assessment - Foot Protection Form

Occupational safety and health (OSH) rules require employers to identify hazards in the workplace that cause are likely to cause employee injuries or illness. The personal protective equipment (PPE) revision focuses on eye and face, head, foot, and arm protection. Although the process contained herein addresses foot protection, the basic hazard assessment process can be used for other areas. However, OSH rules emphatically state that PPE should not be used as a substitute for engineering, work practices, and/or administrative controls. PPE should be used in conjunction with these controls to provide employee safety and health in the workplace.

A general five (5) step procedure that is effective and not overly burdensome can be used to complete the requirements. The Hazard Assessment Certification (Foot Protection) form facilitates the process. The steps are:

1. Complete the location demographics section of the form. The rules call for assessment of a particular type of work activity at a given location. The assessment cannot be of all positions (or work duties) of a baseyard or department island or statewide. An assessment of same positions that have identical duties and responsibilities at a specific baseyard is permissible.
2. Perform assessment by initiating a walk-through of the work site in order to identify tasks (column 1) with potential sources of injury such as: carry 45 pound boxes, roll/move 55 gallon drums, repair/install junction boxes, inspect construction sites, clean animal shelters or mowing grass in open fields. List all tasks that indicate a source of potential foot injury.

In column 2 indicate the corresponding hazard from column 1, such as: crush feet, crush feet/smash toes, electrical shock, smash feet/sole puncture, animal fecal infection/slippery/continuous wet feet and impact/flying rocks. (Crush/smash feet potential would indicate a need for metatarsal foot protection.)

3. For column 3, review data of each hazard (in column 2) to determine the type of foot protection required. For example, should the hazard potential be electric shock the foot protection required is electric resistance shoes. If glass and nails be identified as the hazard, puncture resistant shoes would be required.
4. Transpose table data to define hazard in the hazard assessment section of the form. Check-off all that apply. Specify additional foot protection requirements by checking the additional protection as required. Where high tops are required indicate the height of high top protection required – 6, 8 inches, or other if higher. Where requirements are not readily listed on the form use the "Other" segment of the form to list the protection required.
5. Complete certification requirements by printing the name of evaluator, and with the evaluator signing and dating the form. Identify on the price list the shoe vendor and shoe model(s) that meet the certification requirements. Transpose applicable data to the Safety Shoe Purchase Authorization form. Contact the Human Resources Office when there is a request to deviate from the price list.

STATE OF HAWAII- EXECUTIVE BRANCH
(Excluding DOE, HHSC, OHA, and UH)
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM

Attachment B

Part 1: EMPLOYEE INFORMATION

Dept.: _____ Division: _____ Island: _____
Branch: _____ Employee: _____ Phone: _____
Baseyard: _____ Position Title: _____

Part 2: APPROVED FOOTWEAR FOR POSITION
(Based on Hazard Assessment)

VENDOR #1: _____

Option 1: BRAND: _____ COST: _____
STYLE: _____ SIZE: _____

Option 2: BRAND: _____ COST: _____
STYLE: _____ SIZE: _____

Option 3: BRAND: _____ COST: _____
STYLE: _____ SIZE: _____

See Additional Vendor/Options list, if applicable on next page

Part 3: REQUESTED FOOTWEAR
(Deviation from price list)

VENDOR: _____

BRAND: _____

STYLE: _____ **SIZE:** _____

ADDITIONAL COST (if any): _____

REASON FOR REQUESTING DEVIATION FROM PRICE LIST:

Part 4: PHYSICIAN CERTIFIED PROTECTIVE FOOTWEAR

Please contact your human resources office if you have a medically certified condition requiring a deviation from the price list.

CHECK BOX IF APPLICABLE: ☐ **DEVIATION IS DUE TO MEDICAL CONDITION AND
PHYSICIAN'S CERTIFICATION IS ATTACHED.**

DEVIATION APPROVED BY:

PRINT NAME SIGNATURE POSITION TITLE

Part 5: APPROVAL TO PURCHASE SAFETY FOOTWEAR

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated above. The cost of the protective footwear shall be paid by the State pursuant to the price list contract. The department shall be responsible for approving safety footwear deviations and paying any applicable additional cost for the protective footwear.

APPROVAL OF DIVISION/BRANCH CHIEF/OR MANAGEMENT REPRESENTATIVE:

PRINT NAME SIGNATURE

POSITION TITLE DATE

APPROVAL OF SAFETY OFFICER OR PERSON WHO CONDUCTED HAZARD ASSESSMENT:

PRINT NAME SIGNATURE

POSITION TITLE DATE

ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE)

Email copy to DHRD Safety Office and Departmental Human Resources Office

Updated August 2018

Part 2: APPROVED FOOTWEAR FOR POSITION
(Based on Hazard Assessment)

VENDOR #1: _____

Option 4: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 5: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

VENDOR #2: _____

Option 1: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 2: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 3: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

VENDOR #3: _____

Option 1: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 2: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 3: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

STATE OF HAWAII- EXECUTIVE BRANCH
(Excluding DOE, HHSC, OHA, and UH)
PHYSICIAN'S CERTIFICATION FORM
FOR
SAFETY TOE SHOES

Background information: The State of Hawaii Executive Branch Agencies, "Employer" provides personal protective footwear (i.e. safety toe shoes) through a solicited price list contract to State employees who are required to wear safety toe shoes as identified by the employers' hazard assessment for foot protection (attached). The employee is required to wear personal protective footwear as determined by the employer. Your patient identified below is required to wear safety toe shoes and is requesting a deviation from the price list contract because of a medical condition. Please complete this certification form and identify what your patient is able to use to comply with the employer's requirements.

Part 1: To be completed by Department's Human Resources Office

EMPLOYEE: _____ DEPARTMENT: _____
 JOB TITLE: _____ DIVISION: _____
 BRANCH: _____ ISLAND: _____ PHONE: _____

Part 2: To be completed by Department's Human Resources Office
APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)

VENDOR: _____ BRAND: _____ COST: _____
 STYLE: _____ SIZE: _____
 SHOE FEATURES: _____

Part 3: To be completed by employee's physician

REASON FOR REQUESTING DEVIATION FROM PRICE LIST:

RECOMMENDATION FOR PERSONAL PROTECTIVE FOOTWEAR (i.e. overshoes, metatarsal guards, safety toe shoes with wider toe box, padded toe collar, etc.):

PHYSICIAN: (PRINT) _____ SIGNATURE: _____
 ADDRESS: _____ Phone number: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

REVIEWED AND APPROVED BY: _____

DEPT. HUMAN RESOURCES OFFICER OR DESIGNEE

DATE _____